

Request for Reconsideration after Final Action

The table below presents the data as entered.

Input Field	Entered
SERIAL NUMBER	86430565
LAW OFFICE ASSIGNED	LAW OFFICE 103
MARK SECTION	
MARK	http://tmng-al.uspto.gov/resting2/api/img/86430565/large
LITERAL ELEMENT	ALMA SANA
STANDARD CHARACTERS	YES
USPTO-GENERATED IMAGE	YES
MARK STATEMENT	The mark consists of standard characters, without claim to any particular font style, size or color.
GOODS AND/OR SERVICES SECTION (005)(current)	
INTERNATIONAL CLASS	005
DESCRIPTION	
Jewelry, namely, bracelets for the wrist and ankle of a child, that has been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
GOODS AND/OR SERVICES SECTION (005)(proposed)	
INTERNATIONAL CLASS	005
TRACKED TEXT DESCRIPTION	
Jewelry, namely, bracelets for the wrist and ankle of a child, that has been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child; Jewelry, namely, bracelets for the wrist and ankle of a child, that have been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child	
FINAL DESCRIPTION	
Jewelry, namely, bracelets for the wrist and ankle of a child, that have been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
STATEMENT TYPE	"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application"[for an application based on Section 1(a), Use in Commerce] OR "The substitute (or new, or originally submitted, if appropriate) specimen(s)

STATEMENT TYPE	was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use" [for an application based on Section 1(b) Intent-to-Use]. OR "The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use" [for an illegible specimen].
SPECIMEN FILE NAME(S)	
ORIGINAL PDF FILE	SPU0-961187182-20160503132410729455 . Specimen Classes 5 and 14.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0002.JPG
ORIGINAL PDF FILE	SPU0-961187182-20160503132410729455 . Nurse Guide v2v2.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0003.JPG
ORIGINAL PDF FILE	SPU0-961187182-20160503132410729455 . Photo of women with manual.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0004.JPG
ORIGINAL PDF FILE	SPU0-961187182-20160503132410729455 . Alma Sana Mother Handout Specimen 10.16.14.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0005.JPG
SPECIMEN DESCRIPTION	Page of powerpoint presentation given to board members and showing the jewelry as well as the mark and showing three instructional manuals on how to use the jewelry for the medical purpose with the mark; Instructional manual (that contains the mark) provided to nurse and medical workers instructing the nurse on how to utilize the jewelry, including pictures providing explanation of how to use jewelry; Photograph showing medical worker utilizing instructional manual (that contains the mark) that has both the mark alma sana as well as a picture of the jewelry; Instructional manual (that contains the mark) for mothers of children utilizing bracelet that has instructions on how the bracelet is to be utilized, including pictures providing explanation of how to use jewelry.
GOODS AND/OR SERVICES SECTION (014)(current)	
INTERNATIONAL CLASS	014
DESCRIPTION	
Jewelry, namely, bracelets for the wrist and ankle of a child, that provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
GOODS AND/OR SERVICES SECTION (014)(proposed)	
INTERNATIONAL CLASS	014
TRACKED TEXT DESCRIPTION	
Jewelry, namely, bracelets for the wrist and ankle of a child, that provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child; Jewelry, namely, bracelets for the wrist and ankle of a child, that also provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child	
FINAL DESCRIPTION	
Jewelry, namely, bracelets for the wrist and ankle of a child, that also provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child	

FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
STATEMENT TYPE	"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" [for an application based on Section 1(a), Use in Commerce] OR "The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use" [for an application based on Section 1(b) Intent-to-Use]. OR "The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use" [for an illegible specimen].
SPECIMEN FILE NAME(S)	
ORIGINAL PDF FILE	SPU1-961187182-20160503132410729455_. Specimen Classes 5 and 14.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0006.JPG
ORIGINAL PDF FILE	SPU1-961187182-20160503132410729455_. Nurse Guide v2v2.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0007.JPG
ORIGINAL PDF FILE	SPU1-961187182-20160503132410729455_. Photo of women with manual.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0008.JPG
ORIGINAL PDF FILE	SPU1-961187182-20160503132410729455_. Alma Sana Mother Handout Specimen 10.16.14.pdf
CONVERTED PDF FILE(S) (1 page)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0009.JPG
SPECIMEN DESCRIPTION	Page of powerpoint presentation given to board members and showing the jewelry as well as the mark and showing three instructional manuals on how to use the jewelry for the medical purpose with the mark; Instructional manual (that contains the mark) provided to nurse and medical workers instructing the nurse on how to utilize the jewelry, including pictures providing explanation of how to use jewelry; Photograph showing medical worker utilizing instructional manual (that contains the mark) that has both the mark alma sana as well as a picture of the jewelry; Instructional manual (that contains the mark) for mothers of children utilizing bracelet that has instructions on how the bracelet is to be utilized when symbols are being pushed out, instructions on the different symbols on the bracelet and includes these instructions in both pictures and in Spanish.
GOODS AND/OR SERVICES SECTION (041)(current)	
INTERNATIONAL CLASS	041
DESCRIPTION	
Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
GOODS AND/OR SERVICES SECTION (041)(proposed)	
INTERNATIONAL CLASS	041

TRACKED TEXT DESCRIPTION	
Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children; Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children.	
FINAL DESCRIPTION	
Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children.	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
STATEMENT TYPE	"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" <i>[for an application based on Section 1(a), Use in Commerce]</i> OR "The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use" <i>[for an application based on Section 1(b) Intent-to-Use].</i> OR "The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use" <i>[for an illegible specimen].</i>
SPECIMEN FILE NAME(S)	
ORIGINAL PDF FILE	SPU2-961187182-20160503132410729455_.Specimen_Classes_41_and_44.pdf
CONVERTED PDF FILE(S) (4 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0010.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0011.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0012.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0013.JPG
ORIGINAL PDF FILE	SPU2-961187182-20160503173251573871_.Alma_Sana_s_Response_to_IRS.pdf
CONVERTED PDF FILE(S) (8 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0014.JPG
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	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0020.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0021.JPG
SPECIMEN DESCRIPTION	The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors advertising and providing information related to the services relating to coordinating the administration, namely the number and types, of vaccinations for indigenous populations; Correspondence sent to the IRS referencing the mark and explaining the services associated with the mark, including the educational services on page 5 and 6 of the IRS correspondence.
GOODS AND/OR SERVICES SECTION (044)(current)	

INTERNATIONAL CLASS	044
DESCRIPTION	
Services related to coordinating the administration, namely, the number, dates and types, of vaccinations to indigenous populations	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
GOODS AND/OR SERVICES SECTION (044)(proposed)	
INTERNATIONAL CLASS	044
TRACKED TEXT DESCRIPTION	
Services related to coordinating the administration, namely, the number, dates and types, of vaccinations to indigenous populations; Medical services, namely, administration of vaccinations, namely, providing the number, dates, and types of vaccinations to indigenous populations.	
FINAL DESCRIPTION	
Medical services, namely, administration of vaccinations, namely, providing the number, dates, and types of vaccinations to indigenous populations.	
FILING BASIS	Section 1(a)
FIRST USE ANYWHERE DATE	At least as early as 09/30/2010
FIRST USE IN COMMERCE DATE	At least as early as 02/14/2011
STATEMENT TYPE	"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" [for an application based on Section 1(a), Use in Commerce] OR "The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use" [for an application based on Section 1(b) Intent-to-Use]. OR "The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use" [for an illegible specimen].
SPECIMEN FILE NAME(S)	
ORIGINAL PDF FILE	SPU3-961187182-20160503132410729455_. Specimen Classes 41 and 44.pdf
CONVERTED PDF FILE(S) (4 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0022.JPG
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	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0025.JPG
ORIGINAL PDF FILE	SPU3-961187182-20160503132410729455_. Pilot Studies Alma Sana Inc. webpage.pdf
CONVERTED PDF FILE(S) (2 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0026.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0027.JPG
ORIGINAL PDF FILE	SPU3-961187182-20160503132410729455_. Deposit Copy The Problem.pdf
CONVERTED PDF FILE(S) (3 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0028.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0029.JPG

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ORIGINAL PDF FILE	SPU3-961187182-20160503173251573871 . Alma Sana s Response to IRS.pdf
CONVERTED PDF FILE(S) (8 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0031.JPG
	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0032.JPG
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ORIGINAL PDF FILE	SPU3-961187182-20160503173251573871 . Alma Sana Board Updates 1.10.2014 for USPTO filing .pdf
CONVERTED PDF FILE(S) (5 pages)	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0039.JPG
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	\\TICRS\EXPORT16\IMAGEOUT16\864\305\86430565\xml7\RFR0043.JPG
SPECIMEN DESCRIPTION	The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors advertising and providing information related to the services relating to coordinating the administration, namely the number and types, of vaccinations for indigenous populations; The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors providing information about the pilot study and the results of the medical services related to providing the number, dates and types of vaccination to be administered; The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors providing information about why the medical services associated with mark are necessary; Correspondence sent to the IRS referencing the mark and the services associated with the mark; Information provided to the Board of Directors that highlights the services associated with the mark on Alma Sana, specifically page 2.
SIGNATURE SECTION	
DECLARATION SIGNATURE	/Stephanie T. Eckerle/
SIGNATORY'S NAME	Stephanie T. Eckerle
SIGNATORY'S POSITION	Attorney of Record, Indiana bar member
SIGNATORY'S PHONE NUMBER	317-385-1759
DATE SIGNED	05/03/2016
RESPONSE SIGNATURE	/Stephanie T. Eckerle/
SIGNATORY'S NAME	Stephanie T. Eckerle
SIGNATORY'S POSITION	Attorney of record, Indiana bar member
SIGNATORY'S PHONE NUMBER	3173851759
DATE SIGNED	05/03/2016
AUTHORIZED SIGNATORY	YES

CONCURRENT APPEAL NOTICE FILED	YES
FILING INFORMATION SECTION	
SUBMIT DATE	Tue May 03 17:56:48 EDT 2016
TEAS STAMP	USPTO/RFR-XX.XX.XX.XXX-20 160503175648336878-864305 65-550a0b8a3dee2863433e73 1c34592d7da4b54922627d3ce bd38a78cdadb697fab2-N/A-N /A-20160503173251573871

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO Form 1960 (Rev 10/2011)

OMB No. 0651-0050 (Exp 07/31/2017)

Request for Reconsideration after Final Action

To the Commissioner for Trademarks:

Application serial no. **86430565** ALMA SANA(Standard Characters, see <http://tmng-al.uspto.gov/resting2/api/img/86430565/large>) has been amended as follows:

CLASSIFICATION AND LISTING OF GOODS/SERVICES

Applicant proposes to amend the following class of goods/services in the application:

Current: Class 005 for Jewelry, namely, bracelets for the wrist and ankle of a child, that has been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child

Original Filing Basis:

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce.

Proposed:

Tracked Text Description: ~~Jewelry, namely, bracelets for the wrist and ankle of a child, that has been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child;~~ Jewelry, namely, bracelets for the wrist and ankle of a child, that have been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child

Class 005 for Jewelry, namely, bracelets for the wrist and ankle of a child, that have been adapted for a medical purpose, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce. Applicant hereby submits one(or more) specimen(s) for Class 005 . The specimen(s) submitted consists of Page of powerpoint presentation given to board members and showing the jewelry as well as the mark and showing three instructional manuals on how to use the jewelry for the medical purpose with the mark; Instructional manual (that contains the mark) provided to nurse and medical workers instructing the nurse on how to utilize the jewelry, including pictures providing explanation of how to use jewelry; Photograph showing medical worker utilizing instructional manual (that contains the mark) that has both the mark alma sana as well as a picture of the jewelry; Instructional manual (that contains the mark) for mothers of children utilizing bracelet that has instructions on how the bracelet is to be utilized, including pictures providing explanation of how to use jewelry. .

"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" *[for an application based on Section 1(a), Use in Commerce]* **OR** **"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use"** *[for an application based on Section 1(b) Intent-to-Use]*. **OR** **"The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use"** *[for an illegible specimen].*

Original PDF file:

[SPU0-961187182-20160503132410729455_ _Specimen_Classes_5_and_14.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Original PDF file:

[SPU0-961187182-20160503132410729455 . Nurse Guide v2v2.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Original PDF file:

[SPU0-961187182-20160503132410729455 . Photo of women with manual.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Original PDF file:

[SPU0-961187182-20160503132410729455 . Alma Sana Mother Handout Specimen 10.16.14.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Applicant proposes to amend the following class of goods/services in the application:

Current: Class 014 for Jewelry, namely, bracelets for the wrist and ankle of a child, that provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child

Original Filing Basis:

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce.

Proposed:

Tracked Text Description: ~~Jewelry, namely, bracelets for the wrist and ankle of a child, that provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child;~~ [Jewelry, namely, bracelets for the wrist and ankle of a child, that also provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child](#)

Class 014 for Jewelry, namely, bracelets for the wrist and ankle of a child, that also provides notification of a pending medically related task, namely, as a vaccination reminder for the caregiver of the child and the healthcare provider of the child

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce. Applicant hereby submits one(or more) specimen(s) for Class 014 . The specimen(s) submitted consists of Page of powerpoint presentation given to board members and showing the jewelry as well as the mark and showing three instructional manuals on how to use the jewelry for the medical purpose with the mark; Instructional manual (that contains the mark) provided to nurse and medical workers instructing the nurse on how to utilize the jewelry, including pictures providing explanation of how to use jewelry; Photograph showing medical worker utilizing instructional manual (that contains the mark) that has both the mark alma sana as well as a picture of the jewelry; Instructional manual (that contains the mark) for mothers of children utilizing bracelet that has instructions on how the bracelet is to be utilized when symbols are being pushed out, instructions on the different symbols on the bracelet and includes these instructions in both pictures and in Spanish. .

"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" *[for an application based on Section 1(a), Use in Commerce]* **OR** **"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use"** *[for an application based on Section 1(b) Intent-to-Use]*. **OR** **"The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use"** *[for an illegible specimen].*

Original PDF file:

[SPU1-961187182-20160503132410729455 . Specimen Classes 5 and 14.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Original PDF file:

[SPU1-961187182-20160503132410729455 . Nurse Guide v2v2.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Original PDF file:

[SPU1-961187182-20160503132410729455 . Photo of women with manual.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Original PDF file:

[SPU1-961187182-20160503132410729455 . Alma Sana Mother Handout Specimen 10.16.14.pdf](#)

Converted PDF file(s) (1 page)

[Specimen File1](#)

Applicant proposes to amend the following class of goods/services in the application:

Current: Class 041 for Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children

Original Filing Basis:

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce.

Proposed:

Tracked Text Description: ~~Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children;~~ [Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children.](#)

Class 041 for Providing medical education about vaccinations to indigenous populations and healthcare workers, which medical education includes one-on-one instruction and educational materials about the importance of vaccinations in preventing childhood disease and the number, type and date of vaccinations that should be provided to children.

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce.

Applicant hereby submits one(or more) specimen(s) for Class 041 . The specimen(s) submitted consists of The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors advertising and providing information related to the services relating to coordinating the administration, namely the number and types, of vaccinations for indigenous populations; Correspondence sent to the IRS referencing the mark and explaining the services associated with the mark, including the educational services on page 5 and 6 of the IRS correspondence. .

"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" [for an application based on Section 1(a), Use in Commerce] OR "The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use" [for an application based on Section 1(b) Intent-to-Use]. OR "The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use" [for an illegible specimen].

Original PDF file:

[SPU2-961187182-20160503132410729455 . Specimen Classes 41 and 44.pdf](#)

Converted PDF file(s) (4 pages)

[Specimen File1](#)

[Specimen File2](#)

[Specimen File3](#)

[Specimen File4](#)

Original PDF file:

[SPU2-961187182-20160503173251573871 . Alma Sana s Response to IRS.pdf](#)

Converted PDF file(s) (8 pages)

[Specimen File1](#)

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[Specimen File3](#)

[Specimen File4](#)

[Specimen File5](#)

[Specimen File6](#)

[Specimen File7](#)

[Specimen File8](#)

Applicant proposes to amend the following class of goods/services in the application:

Current: Class 044 for Services related to coordinating the administration, namely, the number, dates and types, of vaccinations to indigenous populations

Original Filing Basis:

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce.

Proposed:

Tracked Text Description: ~~Services related to coordinating the administration, namely, the number, dates and types, of vaccinations to indigenous populations;~~ Medical services, namely, administration of vaccinations, namely, providing the number, dates, and types of vaccinations to indigenous populations.

Class 044 for Medical services, namely, administration of vaccinations, namely, providing the number, dates, and types of vaccinations to indigenous populations.

Filing Basis: Section 1(a), Use in Commerce: The applicant is using the mark in commerce, or the applicant's related company or licensee is using the mark in commerce, on or in connection with the identified goods and/or services. 15 U.S.C. Section 1051(a), as amended. The mark was first used at least as early as 09/30/2010 and first used in commerce at least as early as 02/14/2011 , and is now in use in such commerce. Applicant hereby submits one(or more) specimen(s) for Class 044 . The specimen(s) submitted consists of The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors advertising and providing information related to the services relating to coordinating the administration, namely the number and types, of vaccinations for indigenous populations; The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors providing information about the pilot study and the results of the medical services related to providing the number, dates and types of vaccination to be administered; The applicant's webpage that is available on the internet to the public, healthcare providers, caregivers and donors providing information about why the medical services associated with mark are necessary; Correspondence sent to the IRS referencing the mark and the services associated with the mark; Information provided to the Board of Directors that highlights the services associated with the mark on Alma Sana, specifically page 2. .

"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce at least as early as the filing date of the application" *[for an application based on Section 1(a), Use in Commerce]* **OR** **"The substitute (or new, or originally submitted, if appropriate) specimen(s) was/were in use in commerce prior either to the filing of the Amendment to Allege Use or expiration of the filing deadline for filing a Statement of Use"** *[for an application based on Section 1(b) Intent-to-Use]*. **OR** **"The attached specimen is a true copy of the specimen that was originally submitted with the application, amendment to allege use, or statement of use"** *[for an illegible specimen]*.

Original PDF file:

[SPU3-961187182-20160503132410729455_. Specimen Classes 41 and 44.pdf](#)

Converted PDF file(s) (4 pages)

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[Specimen File2](#)

[Specimen File3](#)

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Original PDF file:

[SPU3-961187182-20160503132410729455_. Pilot Studies Alma Sana Inc. webpage.pdf](#)

Converted PDF file(s) (2 pages)

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[Specimen File2](#)

Original PDF file:

[SPU3-961187182-20160503132410729455_. Deposit Copy The Problem.pdf](#)

Converted PDF file(s) (3 pages)

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[Specimen File2](#)

[Specimen File3](#)

Original PDF file:

[SPU3-961187182-20160503173251573871_. Alma Sana s Response to IRS.pdf](#)

Converted PDF file(s) (8 pages)

[Specimen File1](#)

[Specimen File2](#)

[Specimen File3](#)

[Specimen File4](#)

[Specimen File5](#)

[Specimen File6](#)

[Specimen File7](#)

[Specimen File8](#)

Original PDF file:

[SPU3-961187182-20160503173251573871_. Alma Sana Board Updates 1.10.2014 for USPTO filing .pdf](#)

Converted PDF file(s) (5 pages)

[Specimen File1](#)
[Specimen File2](#)
[Specimen File3](#)
[Specimen File4](#)
[Specimen File5](#)

SIGNATURE(S)

Declaration Signature

DECLARATION: The signatory being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements and the like may jeopardize the validity of the application or submission or any registration resulting therefrom, declares that, if the applicant submitted the application or allegation of use (AOU) unsigned, all statements in the application or AOU and this submission based on the signatory's own knowledge are true, and all statements in the application or AOU and this submission made on information and belief are believed to be true.

STATEMENTS FOR UNSIGNED SECTION 1(a) APPLICATION/AOU: If the applicant filed an unsigned application under 15 U.S.C. § 1051(a) or AOU under 15 U.S.C. § 1051(c), the signatory additionally believes that: the applicant is the owner of the mark sought to be registered; the mark is in use in commerce and was in use in commerce as of the filing date of the application or AOU on or in connection with the goods/services/collective membership organization in the application or AOU; the original specimen(s), if applicable, shows the mark in use in commerce as of the filing date of the application or AOU on or in connection with the goods/services/collective membership organization in the application or AOU; ***for a collective trademark, collective service mark, collective membership mark application, or certification mark application***, the applicant is exercising legitimate control over the use of the mark in commerce and was exercising legitimate control over the use of the mark in commerce as of the filing date of the application or AOU; ***for a certification mark application***, the applicant is not engaged in the production or marketing of the goods/services to which the mark is applied, except to advertise or promote recognition of the certification program or of the goods/services that meet the certification standards of the applicant. **To the best of the signatory's knowledge and belief, no other persons, except, if applicable, authorized users, members, and/or concurrent users, have the right to use the mark in commerce, either in the identical form or in such near resemblance as to be likely, when used on or in connection with the goods/services/collective membership organization of such other persons, to cause confusion or mistake, or to deceive.**

STATEMENTS FOR UNSIGNED SECTION 1(b)/SECTION 44 APPLICATION AND FOR SECTION 66(a)

COLLECTIVE/CERTIFICATION MARK APPLICATION: If the applicant filed an unsigned application under 15 U.S.C. §§ 1051(b), 1126(d), and/or 1126(e), or filed a collective/certification mark application under 15 U.S.C. § 1141f(a), the signatory additionally believes that: ***for a trademark or service mark application***, the applicant is entitled to use the mark in commerce on or in connection with the goods/services specified in the application; the applicant has a bona fide intention to use the mark in commerce and had a bona fide intention to use the mark in commerce as of the application filing date; ***for a collective trademark, collective service mark, collective membership mark, or certification mark application***, the applicant has a bona fide intention, and is entitled, to exercise legitimate control over the use of the mark in commerce and had a bona fide intention, and was entitled, to exercise legitimate control over the use of the mark in commerce as of the application filing date; the signatory is properly authorized to execute the declaration on behalf of the applicant; ***for a certification mark application***, the applicant will not engage in the production or marketing of the goods/services to which the mark is applied, except to advertise or promote recognition of the certification program or of the goods/services that meet the certification standards of the applicant. **To the best of the signatory's knowledge and belief, no other persons, except, if applicable, authorized users, members, and/or concurrent users, have the right to use the mark in commerce, either in the identical form or in such near resemblance as to be likely, when used on or in connection with the goods/services/collective membership organization of such other persons, to cause confusion or mistake, or to deceive.**

Signature: /Stephanie T. Eckerle/ Date: 05/03/2016
Signatory's Name: Stephanie T. Eckerle
Signatory's Position: Attorney of Record, Indiana bar member
Signatory's Phone Number: 317-385-1759

Request for Reconsideration Signature

Signature: /Stephanie T. Eckerle/ Date: 05/03/2016
Signatory's Name: Stephanie T. Eckerle
Signatory's Position: Attorney of record, Indiana bar member

Signatory's Phone Number: 3173851759

The signatory has confirmed that he/she is an attorney who is a member in good standing of the bar of the highest court of a U.S. state, which

includes the District of Columbia, Puerto Rico, and other federal territories and possessions; and he/she is currently the owner's/holder's attorney or an associate thereof; and to the best of his/her knowledge, if prior to his/her appointment another U.S. attorney or a Canadian attorney/agent not currently associated with his/her company/firm previously represented the owner/holder in this matter: (1) the owner/holder has filed or is concurrently filing a signed revocation of or substitute power of attorney with the USPTO; (2) the USPTO has granted the request of the prior representative to withdraw; (3) the owner/holder has filed a power of attorney appointing him/her in this matter; or (4) the owner's/holder's appointed U.S. attorney or Canadian attorney/agent has filed a power of attorney appointing him/her as an associate attorney in this matter.

The applicant is filing a Notice of Appeal in conjunction with this Request for Reconsideration.

Serial Number: 86430565

Internet Transmission Date: Tue May 03 17:56:48 EDT 2016

TEAS Stamp: USPTO/RFR-XX.XX.XX.XXX-20160503175648336

878-86430565-550a0b8a3dee2863433e731c345

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N/A-N/A-20160503173251573871



- # alma sana

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2 Remanendadine (gri)
 1 Rotavirus (gri)
 1 Antiseraummedica (gri)

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1 15 Antiseraummedica (gri)
 1 10 DPT (gri)
 1 40 DPT (gri)
 1 20 DPT (gri)





1 Nace el bebé



2 Explique usted que la pulsera es un registro y póngala en el tobillo del bebé (rosa para las niñas, azul para los niños)








3 De usted las vacunas al bebé de acuerdo con el programa nacional de inmunizaciones

4 Perfore usted el símbolo de la vacuna administrada en la pulsera y la tarjeta de vacunación (la tarjeta será la copia de seguridad que las madres van a retener)

5 Es muy importante explicar a las madres que su bebé necesitará vacunarse cuando llega a los meses que aparecen en la pulsera (cerca del mismo día cada mes)

6 Cuando las madres regresen con sus bebés, repita usted el paso cuatro (vacunación y perforación)

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	0	BCG
		HVB
	2	Pentavalente (1/3)
		Antipolio (1/3)
		Rotavirus (1/2)
		Antineumocócica (1/
	4	Pentavalente (2/3)
		Antipolio (2/3)
		Rotavirus (2/2)
		Antineumocócica (2/
	6	Pentavalente (3/3)
		Antipolio (3/3)
	12	SPR (1/2)
		Antineumocócica (3/
	15	Antiamarilica
	18	DPT (1/2)
	48	DPT (2/2)
		SPR (2/2)



NOMBRE:

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✕ 0 BCG
● HVB

■ 2 Pentavalente (1/3)
▲ Antipolio (1/3)
✕ Rotavirus (1/2)
● Antineumocócica (1/3)

■ 4 Pentavalente (2/3)
▲ Antipolio (2/3)
✕ Rotavirus (2/2)
● Antineumocócica (2/3)

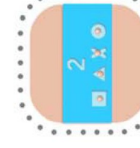
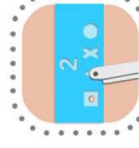
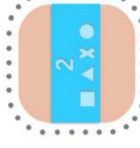
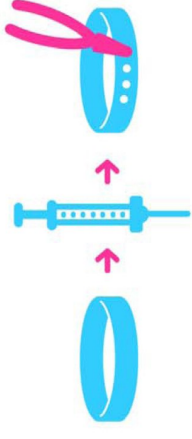
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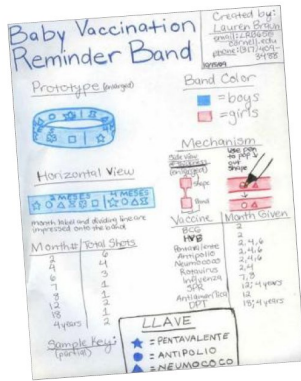
♥ 12 SPR (1/2)
● Antineumocócica (3/3)

✕ 15 Antiamarilica

★ 18 DPT (1/2)

★ 48 DPT (2/2)
♥ SPR (2/2)





The Solution

- Simple silicon bracelets, designed with input from moms and nurses
- Use only numbers and symbols – no words – to convey vaccine record
- Corresponding guides help nurses and mothers to decode symbols
- Highly customizable to adapt to local culture and needs
- Production cost is \$0.10 each
- 11 product tests to ensure baby-safe
- Goal: Empower mothers to remind themselves



alma-sana









- 1 Nace el bebé



- 2 Explique usted que la pulsera es un registro y póngala en el tobillo del bebé (rosa para las niñas, azul para los niños)
- 3 De usted las vacunas al bebé de acuerdo con el programa nacional de inmunizaciones
- 4 Perfore usted el símbolo de la vacuna administrada en la pulsera y la tarjeta de vacunación (la tarjeta será la copia de seguridad que las madres van a retener)
- 5 Es muy importante explicar a las madres que su bebé necesitará vacunarse cuando llega a los meses que aparecen en la pulsera (cerca del mismo día cada mes)
- 6 Cuando las madres regresen con sus bebés, repita usted el paso cuatro (vacunación y perforación)

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	48	DPT (2/2)	
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✕ 0 BCG
● HVB

■ 2 Pentavalente (1/3)
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✕ Rotavirus (1/2)
● Antineumocócica (1/3)

■ 4 Pentavalente (2/3)
▲ Antipolio (2/3)
✕ Rotavirus (2/2)
● Antineumocócica (2/3)

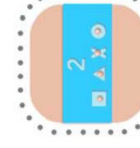
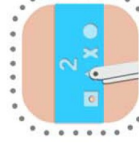
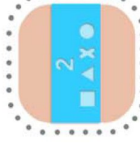
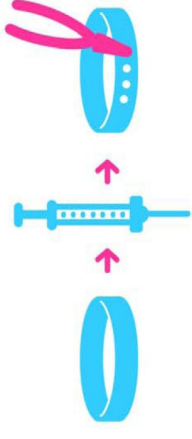
■ 6 Pentavalente (3/3)
▲ Antipolio (2/3)

♥ 12 SPR (1/2)
● Antineumocócica (3/3)

✕ 15 Antiamarilica

★ 18 DPT (1/2)

★ 48 DPT (2/2)
♥ SPR (2/2)





TOGETHER LET'S VACCINATE ALL OF THE WORLD'S CHILDREN

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[WHO WE ARE](#)

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How Our Bracelet Can Save Babies' Lives

The mission of Alma Sana Inc. is to increase rates of full and timely immunization through mothers' use of a simple reminder bracelet, to be worn by her child from birth to age four. More children will live to age five, which marks the end of the most vulnerable period of life, the Ministries of Health (MOH) of Peru and Ecuador will cut the total costs of immunization, and nurses will see more patients.



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our mailing
list**

email address

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We directly address vaccine acceptance in two ways. First, our bracelet offers poorly-educated, low-income moms a way to better understand vaccines, how they work, and why they're important. Second, it enables moms to easily remember the dates of their children's vaccinations, so more children are immunized and in a timely manner.

In addition to saving lives, having more vaccines administered and on time improves the vaccine supply system design, so that the areas that are the poorest and most difficult to access will have lower delivery costs. To fully immunize a child, Peru's Ministry of Health spends US \$21.79-36.69 in jungly San Martin, but only US \$9.58-20.31 in urban, coastal Lima. The vaccine usage rates and wastage rates determine the variation in cost in each area, with the poorest and most difficult to reach areas having the highest delivery costs and total costs. Use of the bracelet will level these delivery costs. Nurses, who typically spend up to four hours a day looking for moms to remind them their babies are due for vaccinations, would more efficiently spend their time seeing patients at the public health centers.

Why We're Innovative: Human-Centered Design

Using a bracelet as a mnemonic device in the developing world is innovative because it has never been done before. In 2011, a US provisional patent on the design and use of Lauren's bracelet was published. The bracelet is ideal for resource-poor environments because its design emerged from one. The bracelets are simple, very inexpensive (production cost per bracelet is less than \$1), and easy for illiterate, Quechua-speaking mothers to understand because vaccine information is translated through symbols and numbers rather than words. The latter aspect allows this bracelet to be used in any country, regardless of what language is spoken there.

From birth to age 4, babies need a series of up to 20 vaccinations. By looking at the bracelet, a mother knows the number and type of vaccines her child has received at any point in time and the date of the child's next immunization. Each symbol represents a different vaccine, and each number represents the number of months that have passed after a child's birth date. Once each dose has been administered, the center of the corresponding symbol is hole-punched out to show that the dose was given.

Our bracelets have undergone rigorous product testing according to the highest US standards to ensure they are baby-safe. Below is a photo of the first bracelet samples we received which we used in our pilot study.



Supplemental Materials

A laminated information card which pictorially represents how the bracelet helps moms remember their children's vaccination dates supplement the bracelet by decoding the symbols on the bracelets. The info card, along with the bracelet, helps moms visualize the process of how the bracelet reminds them of the upcoming vaccination appointments. The information card is an original design by Alex Bozzette.



October 15, 2012

Sent Via Fax (626) 312-2927

Mr. G. Holland, #95-06124
Exempt Organizations Specialist
EO Group 7887
Internal Revenue Service
Department of the Treasury
9350 Flair Dr. 2nd Floor
El Monte, CA 91731-9958

Re: Alma Sana Inc.'s Responses to IRS Request for Additional Information

Dear Mr. Holland:

On behalf of Alma Sana Inc. EIN: 45-4850687 ("Alma Sana"), thank you for your letter of September 24, 2012, a copy of which is attached for ease of reference. As an initial matter, as reflected in Alma Sana's initial application requesting recognition as a Section 501(c)(3) organization and its request for expedited IRS consideration, Alma Sana and its immunization bracelet project have been selected by the Bill & Melinda Gates Foundation through the Grand Challenges Explorations initiative to receive a \$100,000 grant. The public announcement of the Gates Foundation grant winners will occur on November 1, 2012, with the award winners to remain confidential until that date. The grant is for an 18 month period, beginning November 1, 2012, and is to be completed by April 30, 2014. Consequently, on behalf of Alma Sana, we greatly appreciate your efforts to expedite the review and approval of its Section 501(c)(3) tax designation.

In response to the requests for information listed in your letter, the following supplemental information and documentation is provided in support of Alma Sana's request for recognition as a Section 501(c)(3) organization.

1) IRS Signed Form.

The penalties of perjury statement has been signed by Lauren Braun, Alma Sana's founder and President, and is attached to this response as Exhibit 1.

2) Use and Administration of the Immunization Bracelet

Indigenous Peruvian mothers using Ministry of Health (MOH) services at the Santa Rosa Center don't carry purses, perform hard manual labor, and endure a long rainy season. These women live with their families in the mountainous

outskirts of Cusco, about a 30-minute walk from Santa Rosa. They do not own vehicles but travel by foot or *combis* (public minibuses). Their families share their living space with chickens, cats, and dogs in homes they build by hand using mud bricks. Many of these mothers are indigenous, so they only speak Quechua, wear big skirts, and carry their young children on their backs in *mantas* (blankets). Many do not even wear wedding rings because the daily labor they do is so difficult. Their small children play with rocks and stray dogs in unpaved streets outside their homes.

When mothers leave the health clinic, they are handed a small piece of paper with the date of their child's next appointment. But they quickly lose it because paper isn't conducive to their lifestyles or resource-poor environment. They are also issued a paper immunization record by the government, but "many mothers, including almost half of literate mothers, cannot understand basic information on the [immunization] card" (*The CHANGE Project*, 2005). Simplifying the written and graphical information has been recommended.

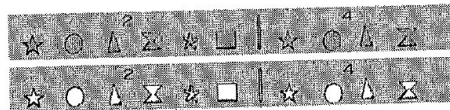
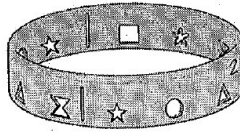
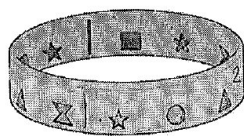
This bracelet is poised to successfully remind mothers of the immunization dates because its idea and design emerged directly from this environment and culture; this makes it better suited to overcoming the structural and cultural barriers to achieving full and timely immunization coverage. Indigenous mothers will be able to easily check their child's bracelets because they carry their infants and small children with them in blankets on their backs everywhere they go. Because the child is always with the mother, she is likely to regularly check her child's bracelet.

From birth to age 4, babies need 10 vaccines administered in the form of 20 doses (usually shots). Vaccines are administered at specific intervals after a baby's birth, and often multiple vaccines are administered on the same day. From birth to age 2, bracelets will be worn on babies' ankles so they don't put the bracelets in their mouths. After age 2, children will wear them on their wrists. By looking at the bracelet, a mother will know the number and type of vaccines her child has received at any given time as well as the date of the child's next immunization appointment.

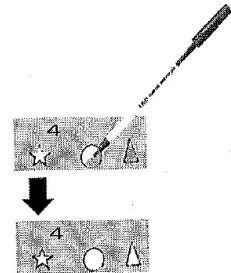
She will know this because the bracelet contains shapes or symbols that are indented or imprinted onto the bracelet. Each symbol represents a different vaccine that must be administered to the child. Above certain groupings of these symbols are numbers, which represent the number of months that have passed since a child's birth. The symbols that appear under each number represent the various types of vaccines that must be administered to the child during a specific number of months following the child's birth.

If a symbol repeats itself under different numbers, that means a vaccine requires multiple doses across several months for a child to be fully immunized. For

example, two months after birth a baby needs six vaccines. From the image of a prototype below, one can see that there are six different shapes under the number "2", and that each of the six shapes is different. This means that each of the vaccines is different from each other. Four months after birth a baby needs four vaccines. Below one can see four shapes under the number "4". These four shapes are different from each other, but they are the same as four of the vaccines needed in the second month. This means that these four vaccines are the same vaccine, but the ones under the number "4" represent the next dose of the vaccine. For mothers' purposes, the dose is not as important as showing that more vaccines are left to be administered. Mothers will learn which symbols represent which vaccines through the nurses working at the public health clinics they visit during their pregnancy and after the baby is born, as detailed below. *(Please also see response to question 4.)*



Prototype (left)
& Mechanism
(right): A pen or
similar object will
punch out the
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Once a dose has been administered to the child, a nurse will punch the perforated symbol on the bracelet with a pen or other small, thin object. The mother will track the vaccines that have been administered to her child by looking at the bracelet to see how many shapes have been removed from the bracelet. The spaces where the removed shapes were indicate how many vaccines have been administered; the perforated shapes remaining in the bracelet indicate how many vaccines are left to be administered.

At the time each bracelet is given to the mother *(Please also see response to question 4)*, mothers will also receive a laminated information card containing the same information as the bracelet in case the bracelet is misplaced. In addition to removing the shapes on the bracelet, the nurse will also hole punch the corresponding symbols on the card after immunizing each child. On the walls of the room where vaccines are administered at each health clinic will be two posters. The posters will contain a list of each vaccine and its corresponding symbol to instruct nurses on which symbols to remove from the information card and bracelet.

3) Manufacture, Distribution, and Cost of Immunization Bracelets

The manufacturing and distribution of the bracelet is still in the early stages of development. The manufacturer and distributor may be two different entities that will work together to create seamless logistics. A specific manufacturer has not yet been selected because no financial resources have been available yet to necessitate discussion of a contract. The Gates Foundation grant will now allow Alma Sana to move forward with these key discussions and strategies. Alma Sana has already been in contact with several potential manufacturers, including the Lance Armstrong Foundation. *(Please also see response to question 5.)* In light of the Gates Foundation funding, Alma Sana is now developing a request for proposals that will allow manufacturers to submit bids for this work. Once the bracelets are manufactured, they will be distributed in Peru through the public hospitals and health care clinics. These organizations are run by the government's MOH, which also supplies vaccines to health units that serve Alma Sana's target population. Moreover, the Peruvian MOH is organized and committed to increasing child immunization rates. Ciudad Saludable, a local NGO, has also agreed to provide additional ground and organizational support for this project to ensure that the necessary distribution channels are available to distribute the bracelet and supporting materials.

Long term, as Alma Sana and the bracelet are scaled up and deployed into other developing countries, we anticipate that the bracelets will be distributed through other Ministries of Health or NGOs, depending on the reliability and stability of each organization's delivery system. Another long-term goal of Alma Sana is to work with the local communities to have the bracelets, posters, and cards manufactured locally, thereby creating jobs and adding revenue to the Peruvian communities. This will also reduce delivery costs. Local production will also create much-needed jobs and stimulate and diversify economies that are often overly dependent on cash crops and tourism.

Since this is a not-for-profit venture, all costs, including the costs of bracelets, information cards, and posters, will be covered by grant money. One of Alma Sana's goals is to achieve long-term sustainability by demonstrating to the Peruvian MOH how this low cost healthcare innovation empowers mothers and other caregivers, saves the lives of children, and results in higher utilization rates of vaccines (which in the past often went unused and expired). Such a highly favorable cost/benefit analysis would encourage the Peruvian MOH to adopt and incorporate the immunization bracelet program into its standard healthcare offerings throughout the country. Accordingly, all three materials will be priced at or marginally above the break-even point. As with vaccines, all materials will be provided at no cost to consumers starting with the first year and continuing as long as funding is available.

4) Vaccine Education Program

Instructors: Several studies have shown that low-income mothers develop a sense of trust toward nurses who advise them on good practices for improving the health and wellbeing of young children¹. Therefore nurses will lead the training course and advise mothers how to use this bracelet to help them remember their children's immunization appointments. Initially, Lauren Braun will train select health workers/ nurses on the vaccine education program so that they can sustain and champion the train caregivers. This "train the trainers" session will be integrated into one day of health workers' regular training program. Again, for long term sustainability, it is important to train and empower the local nurses and health care providers so that they can administer this program and make it a sustainable, recurring program.

Training Course: These select, trained health workers will then implement the vaccine education program to caregivers in a group setting while they wait to see nurses in health centers. The training course will cover how vaccines protect against disease, respond to caregivers' concerns about vaccination, and explain how the bracelet can help them remember the dates of their children's immunization appointments. The World Health Organization recommends that five critical types of information be conveyed to mothers during an immunization education session.² These types are: 1) the date and time of the next immunization, 2) where to go for the next immunization, 3) the number of visits the child needs to make to the health center for a child to be fully immunized, 4) the potential side effects that may occur from vaccines, and 5) what the mother can do about side effects. Alma Sana's training program will include a sixth type of information: how to use the bracelet and the information card. To help convey this information, trainers will use a participatory approach and incorporate simple, visual materials such as a flip chart and the information cards. This approach has been shown to be an effective way of educating about vaccines³, "increases motivation [of trainees] and builds in-country capacity."⁴

In the next part of the training session, health workers will ask caregivers about their beliefs about vaccines and address any concerns or misconceptions. Health workers will communicate by patiently asking questions, repeating caregivers' answers back to them for validation, encouraging positive practices, and ensuring they understand the information.⁵ In the last part of the training session, health workers will explain how the bracelet and information cards will help caregivers remember the dates of their children's upcoming immunization

¹ <http://www.nyc.gov/html/doh/html/ms/ms-nfp.shtml>

² <http://www.who.int/vaccines-documents/DoxTrng/ObstaclesE/www9539.pdf>

³ http://www.path.org/publications/files/RH_hpv_lessons_learned_peru.pdf

⁴ http://www.immunisation.ie/en/Downloads/PDFFile_15166_en.pdf

⁵ <http://www.who.int/vaccines-documents/DoxTrng/ObstaclesE/www9539.pdf>

appointments. Health workers will use the flip chart, bracelet, and information card to show how each symbol represents a different vaccine and how the bracelet indicates when to return to the health center. To ensure the caregivers understand all the information from the session, health workers will then engage in role play using different scenarios and asking what caregivers should do.

5) Criteria for Selecting Manufacturers

Bracelet Manufacturer: Alma Sana will use several criteria to determine which company would be best suited to meet its manufacturing needs. Most importantly, the company must be able to customize the bracelet design to include symbols and numbers in a row above. The manufacturer must also be able to create the bracelets using a fabric that is soft, stretchy and/or adjustable, and durable enough to be worn for two to four years. Countless bracelet manufacturing companies exist, particularly in the U.S. and China, for silicone bracelets, but they must be able to customize to the level Alma Sana will need and the silicone must last for the duration. Lauren Braun has had conversations with designers and engineers at organizations like IDEO, a renowned human-centered design company, and Cornell University's Fiber Science and Apparel Department, to explore whether either organization might be able to advise on specific fabrics that would work. Alma Sana is also looking for a company that ships internationally since the bracelets will need to get to Peru.

At this early stage it has been challenging to find a single company that can meet all of these needs, so Alma Sana is also looking into the possibility of having one company that would produce the bracelets and a second company that would apply an antimicrobial finish to them. An antimicrobial finish would create a self-cleaning surface so that the bracelets would be safe for babies to wear. Once this finish has been applied, the second company would ship the bracelets to Peru for local distribution.

Information cards and posters: At the start of the project, the posters and information cards will be produced in the United States to have an initial supply. Within six months Alma Sana anticipates being able to switch to a local Peruvian manufacturer to reduce shipping and printing costs. The vaccine education program does not require printed information, as it will be taught verbally.

Time Frame: We are planning to begin manufacture of the bracelet no later than 90 days after receiving the Gates grant. We are estimating 90 days to allow time for prospective manufacturers to bid on Alma Sana's RFPs and to allow time for the successful bidder to make a customized mold to produce the bracelets.

6) Alma Sana's Service of the Public Interest and Additional Board Members

Alma Sana arose out of Lauren Braun's work at a health care clinic in Cusco, Peru, as part of her Global Health studies in 2009 while a student at Cornell University. Her immunization bracelet has been recognized by numerous organizations and leading health care publications. She has created this organization to serve the public interest. Specifically, Alma Sana's charitable and educational mission is to: (a) provide education to mothers, other caretakers, healthcare providers and the healthcare industry in developing countries about childhood vaccinations; and (b) to provide immunization bracelets and related educational materials to mothers, other caretakers, healthcare providers and the healthcare industry in developing countries.

In light of the Gates Foundation's forthcoming funding, Alma Sana will now be in a position to transform its immunization bracelet from concept to implementation. In doing so, Alma Sana intends to add additional members to its board that meet the needs of Alma Sana and its mission.

The first of these board members is Mr. André Chabaneix, who was born and raised in Peru and whose family lives in Peru. He will be valuable in ensuring that Alma Sana is able to serve its primary target community in Peru because of his nativity to Peru and strong connections to the Peruvian government, including the Ministry of Health. His interest in sustainable development and desire to give back to his country make him a valuable addition to Alma Sana's Board. His qualifications are more fully detailed in the document attached hereto as Exhibit 2.

The second addition to the Board is Ms. Stephanie Eckerle. Ms. Eckerle is a leading attorney in Indianapolis, Indiana, with considerable experience in corporate and healthcare issues. She currently serves as President of the Young Lawyers Division of the Indiana State Bar Association. During the past five years, Ms. Eckerle has served on and/or represented numerous nonprofits and start-up organizations, including those whose mission is to improve the health and welfare of mothers and their babies. For example, Ms. Eckerle is on the board of a start-up nonprofit in Indianapolis, Indiana, Project Home Indy, which is a residential home for homeless teenage mothers and their babies. Due to her work with this nonprofit and others, including the Junior League of Indianapolis, Ms. Eckerle is familiar with the various healthcare and educational issues that face impoverished mothers and their babies as well as the legal hurdles confronting organizations that seek to address these pressing healthcare needs. Furthermore, through her work as an attorney, she has counseled both nonprofit and for-profit corporations on issues involving a wide array of corporate and healthcare matters. Ms. Eckerle's qualifications are more fully detailed in the document attached hereto as Exhibit 3.

Mr. G. Holland

Alma Sana Inc.
EIN: 45-4850687

A third addition to the Board is Dr. Albina Ruiz Ríos, who is an Ashoka Fellow and President and Founder of the Peruvian NGO Ciudad Saludable. Experienced with running her own NGO in Peru for more than ten years, Dr. Ríos will monitor the logistical operation of the project and provide guidance when problems arise. As a public health worker who is native to Peru, Dr. Ríos gives local legitimacy to the project and will champion the project to health workers and caregivers. Her qualifications are more fully detailed in the document attached hereto as Exhibit 4. Finally, Alma Sana's Statement of Commitment for its Board members, including its mission statement, is attached hereto as Exhibit 5, which has been signed by several Board members.

If you have any questions regarding these responses or the enclosures do not hesitate to contact me (317-409-3488) or Chris Braun at (317) 637-0700. Otherwise, thank you again for your prompt attention to and assistance with Alma Sana's application.

Very truly yours,



Lauren R. Braun, President, Alma Sana Inc.



Enclosures

cc: Christopher J. Braun, Esq. (w/encls.)



TOGETHER LET'S VACCINATE ALL OF THE WORLD'S CHILDREN

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How Our Bracelet Can Save Babies' Lives

The mission of Alma Sana Inc. is to increase rates of full and timely immunization through mothers' use of a simple reminder bracelet, to be worn by her child from birth to age four. More children will live to age five, which marks the end of the most vulnerable period of life, the Ministries of Health (MOH) of Peru and Ecuador will cut the total costs of immunization, and nurses will see more patients.



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We directly address vaccine acceptance in two ways. First, our bracelet offers poorly-educated, low-income moms a way to better understand vaccines, how they work, and why they're important. Second, it enables moms to easily remember the dates of their children's vaccinations, so more children are immunized and in a timely manner.

In addition to saving lives, having more vaccines administered and on time improves the vaccine supply system design, so that the areas that are the poorest and most difficult to access will have lower delivery costs. To fully immunize a child, Peru's Ministry of Health spends US \$21.79-36.69 in jungly San Martin, but only US \$9.58-20.31 in urban, coastal Lima. The vaccine usage rates and wastage rates determine the variation in cost in each area, with the poorest and most difficult to reach areas having the highest delivery costs and total costs. Use of the bracelet will level these delivery costs. Nurses, who typically spend up to four hours a day looking for moms to remind them their babies are due for vaccinations, would more efficiently spend their time seeing patients at the public health centers.

Why We're Innovative: Human-Centered Design

Using a bracelet as a mnemonic device in the developing world is innovative because it has never been done before. In 2011, a US provisional patent on the design and use of Lauren's bracelet was published. The bracelet is ideal for resource-poor environments because its design emerged from one. The bracelets are simple, very inexpensive (production cost per bracelet is less than \$1), and easy for illiterate, Quechua-speaking mothers to understand because vaccine information is translated through symbols and numbers rather than words. The latter aspect allows this bracelet to be used in any country, regardless of what language is spoken there.

From birth to age 4, babies need a series of up to 20 vaccinations. By looking at the bracelet, a mother knows the number and type of vaccines her child has received at any point in time and the date of the child's next immunization. Each symbol represents a different vaccine, and each number represents the number of months that have passed after a child's birth date. Once each dose has been administered, the center of the corresponding symbol is hole-punched out to show that the dose was given.

Our bracelets have undergone rigorous product testing according to the highest US standards to ensure they are baby-safe. Below is a photo of the first bracelet samples we received which we used in our pilot study.



Supplemental Materials

A laminated information card which pictorially represents how the bracelet helps moms remember their children's vaccination dates supplement the bracelet by decoding the symbols on the bracelets. The info card, along with the bracelet, helps moms visualize the process of how the bracelet reminds them of the upcoming vaccination appointments. The information card is an original design by Alex Bozzette.





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Pilot Study

We recently finished conducting a feasibility study at two sites to see whether moms' use of our vaccine reminder bracelets increase vaccine timeliness and coverage. We partnered with Ministry of Health clinics in urban Cusco, Peru and rural Tena, Ecuador in the Napo Valley to offer the bracelets to an intentionally small number of moms. The mothers were often indigenous, low-income, illiterate, and multilingual. The pilot ran for 6 months at each location.

Nurses and our team handed mothers a bracelet and an information card and explained to them how to use the bracelet to remember their children's vaccination appointments. Over the next 6 months, our team collected data on immunization timeliness and bracelet use each day that a vaccine was administered to a bracelet-wearing child. The Tena pilot followed the same process, with nurses working directly with moms. At the end of the study, we administered final interviews with moms and nurses to gather their overall feedback about using the bracelets as vaccine appointment reminders. In addition, our team, in partnership with locals, searched for mothers who didn't return to the clinic for their last scheduled vaccine appointment and conducted at-home interviews with them.



Bracelets from our babies in Peru and Ecuador who have finished their participation in our study, meaning they've been fully immunized from birth to six months-- and the bracelets show this!

Key Metrics of Success

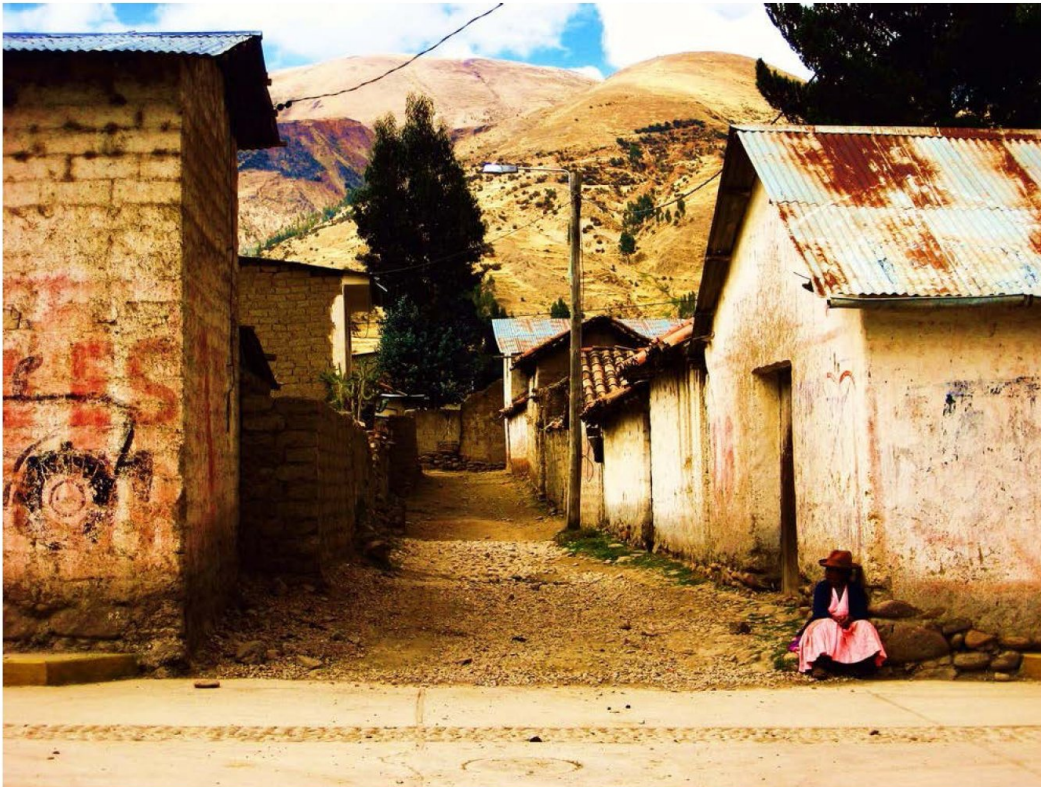
Key data points tracked during the project relate to the feasibility and acceptability of using the bracelets by mothers and nurses. We also tracked and analyzed the number of children who received second and third doses of all multi-dose vaccines, and the number of participating children who wear the bracelet at each MOH center visit. We tracked the number of days after the scheduled visit that may have passed that a mother returned for her child's immunizations.

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Long-term Strategy

After the use of the bracelet shows initial success in this pilot study, we will look to scale up within the Cusco Province and Tena District and seek to form a larger scale, longer term public-private partnership with the MOH, and we are currently exploring opportunities with nonprofit and for-profit potential partners.





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Poverty & Immunization in Developing Countries

The fourth UN Millennium Development Goal is to reduce the under-five mortality rate by two-thirds by 2015, which includes "ensuring full coverage of immunization programs." A groundbreaking 2005 survey by *The CHANGE Project* and *The Communication Initiative* cited a key problem for routine immunization as a surplus of caregivers who do not know when to bring the child in for the next vaccination appointment.

Respondents were individuals working in a variety of organizations, regions, and target population sizes to comprise a globally representative sample. A 2004 Cameroon survey is representative of the response which found that only 14.99% of caregivers knew the age at which a child should have finished vaccinations, and only 33.04% of parents knew the total number of times a child must be vaccinated in order to be considered completely vaccinated. Although Peru has a comparatively high rate of vaccination coverage, a study (Clark & Sanderson, 2009) of children in 45 low-income and middle-income countries found that there is wide variation within countries, and that "published yearly estimates of national coverage do not capture these variations."

Worldwide, an unprecedented number of children are being immunized, but developing countries and the poorest nations have made little to no progress despite the emergence of dozens of new vaccines. In a statement about increasing immunization coverage, Graeme Wheeler, the Managing Director of the World Bank said that the world "must ensure that new and existing technologies actually reach the most vulnerable populations, especially children." (UNICEF press release, 2009)

Peru: A country of extremes

Though Peru has a middle-income GNI, it is a developing country and has some of the world's largest socioeconomic inequalities. Thirty percent of Peruvians live on \$2 or less per day, and 10% live on \$1 or less a day. "Poverty and inequality have an acute impact on the mother and child mortality indicators." (Kliksberg, 13) In Peru, a child under five years of age born in the poorest 20% is more than five times as likely to die as a child in the wealthiest 20%, and the children under five born to mothers with the least education are an astounding 106 times more likely die than children of the highest-educated



One of our fall interns distracts a baby about to receive his 6-month vaccinations in Cusco. Photo taken: Sept. 10, 2013.

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mothers. (WHOSIS Statistics: Core Health Indicators) Though Peru has relatively high vaccination coverage compared to rest of the developing world, there is high within-country variation, and the poorest people are the ones who get left behind. (Clark & Sanderson, 2009)

Support from Nurses and Mothers



Mothers must often wait hours to see a health care professional. Here, Lauren assisted an obstetrician in a rural MOH center in Peru in 2009.

Situated in one of the poorest parts of Cusco, Santa Rosa is a MOH health center, meaning it serves some of the neediest people. During Lauren's summer internship here in 2009, she accompanied nurses who spent hours searching for mothers to remind them of their children's vaccination appointments. Mothers are handed a small piece of paper with the next appointment date, but they quickly lose it and later miss their appointment. Consequently, vaccines expire and must be thrown out. Yet, once reminded, mothers came to the clinic for their children's appointments.

The nurses of Santa Rosa were ecstatic about using the bracelet. From the first time Lauren told them about it, they frequently asked how the project was coming, offered suggestions about how to improve the design, and asked when it would be ready for them to use.



The district of San Sebastian in Cusco, Peru.



October 15, 2012

Sent Via Fax (626) 312-2927

Mr. G. Holland, #95-06124
Exempt Organizations Specialist
EO Group 7887
Internal Revenue Service
Department of the Treasury
9350 Flair Dr. 2nd Floor
El Monte, CA 91731-9958

Re: Alma Sana Inc.'s Responses to IRS Request for Additional Information

Dear Mr. Holland:

On behalf of Alma Sana Inc. EIN: 45-4850687 ("Alma Sana"), thank you for your letter of September 24, 2012, a copy of which is attached for ease of reference. As an initial matter, as reflected in Alma Sana's initial application requesting recognition as a Section 501(c)(3) organization and its request for expedited IRS consideration, Alma Sana and its immunization bracelet project have been selected by the Bill & Melinda Gates Foundation through the Grand Challenges Explorations initiative to receive a \$100,000 grant. The public announcement of the Gates Foundation grant winners will occur on November 1, 2012, with the award winners to remain confidential until that date. The grant is for an 18 month period, beginning November 1, 2012, and is to be completed by April 30, 2014. Consequently, on behalf of Alma Sana, we greatly appreciate your efforts to expedite the review and approval of its Section 501(c)(3) tax designation.

In response to the requests for information listed in your letter, the following supplemental information and documentation is provided in support of Alma Sana's request for recognition as a Section 501(c)(3) organization.

1) IRS Signed Form.

The penalties of perjury statement has been signed by Lauren Braun, Alma Sana's founder and President, and is attached to this response as Exhibit 1.

2) Use and Administration of the Immunization Bracelet

Indigenous Peruvian mothers using Ministry of Health (MOH) services at the Santa Rosa Center don't carry purses, perform hard manual labor, and endure a long rainy season. These women live with their families in the mountainous

outskirts of Cusco, about a 30-minute walk from Santa Rosa. They do not own vehicles but travel by foot or *combis* (public minibuses). Their families share their living space with chickens, cats, and dogs in homes they build by hand using mud bricks. Many of these mothers are indigenous, so they only speak Quechua, wear big skirts, and carry their young children on their backs in *mantas* (blankets). Many do not even wear wedding rings because the daily labor they do is so difficult. Their small children play with rocks and stray dogs in unpaved streets outside their homes.

When mothers leave the health clinic, they are handed a small piece of paper with the date of their child's next appointment. But they quickly lose it because paper isn't conducive to their lifestyles or resource-poor environment. They are also issued a paper immunization record by the government, but "many mothers, including almost half of literate mothers, cannot understand basic information on the [immunization] card" (*The CHANGE Project*, 2005). Simplifying the written and graphical information has been recommended.

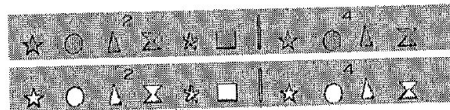
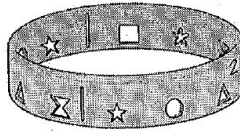
This bracelet is poised to successfully remind mothers of the immunization dates because its idea and design emerged directly from this environment and culture; this makes it better suited to overcoming the structural and cultural barriers to achieving full and timely immunization coverage. Indigenous mothers will be able to easily check their child's bracelets because they carry their infants and small children with them in blankets on their backs everywhere they go. Because the child is always with the mother, she is likely to regularly check her child's bracelet.

From birth to age 4, babies need 10 vaccines administered in the form of 20 doses (usually shots). Vaccines are administered at specific intervals after a baby's birth, and often multiple vaccines are administered on the same day. From birth to age 2, bracelets will be worn on babies' ankles so they don't put the bracelets in their mouths. After age 2, children will wear them on their wrists. By looking at the bracelet, a mother will know the number and type of vaccines her child has received at any given time as well as the date of the child's next immunization appointment.

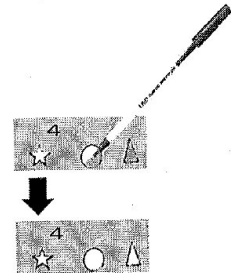
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If a symbol repeats itself under different numbers, that means a vaccine requires multiple doses across several months for a child to be fully immunized. For

example, two months after birth a baby needs six vaccines. From the image of a prototype below, one can see that there are six different shapes under the number "2", and that each of the six shapes is different. This means that each of the vaccines is different from each other. Four months after birth a baby needs four vaccines. Below one can see four shapes under the number "4". These four shapes are different from each other, but they are the same as four of the vaccines needed in the second month. This means that these four vaccines are the same vaccine, but the ones under the number "4" represent the next dose of the vaccine. For mothers' purposes, the dose is not as important as showing that more vaccines are left to be administered. Mothers will learn which symbols represent which vaccines through the nurses working at the public health clinics they visit during their pregnancy and after the baby is born, as detailed below. *(Please also see response to question 4.)*



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3) Manufacture, Distribution, and Cost of Immunization Bracelets

The manufacturing and distribution of the bracelet is still in the early stages of development. The manufacturer and distributor may be two different entities that will work together to create seamless logistics. A specific manufacturer has not yet been selected because no financial resources have been available yet to necessitate discussion of a contract. The Gates Foundation grant will now allow Alma Sana to move forward with these key discussions and strategies. Alma Sana has already been in contact with several potential manufacturers, including the Lance Armstrong Foundation. *(Please also see response to question 5.)* In light of the Gates Foundation funding, Alma Sana is now developing a request for proposals that will allow manufacturers to submit bids for this work. Once the bracelets are manufactured, they will be distributed in Peru through the public hospitals and health care clinics. These organizations are run by the government's MOH, which also supplies vaccines to health units that serve Alma Sana's target population. Moreover, the Peruvian MOH is organized and committed to increasing child immunization rates. Ciudad Saludable, a local NGO, has also agreed to provide additional ground and organizational support for this project to ensure that the necessary distribution channels are available to distribute the bracelet and supporting materials.

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Since this is a not-for-profit venture, all costs, including the costs of bracelets, information cards, and posters, will be covered by grant money. One of Alma Sana's goals is to achieve long-term sustainability by demonstrating to the Peruvian MOH how this low cost healthcare innovation empowers mothers and other caregivers, saves the lives of children, and results in higher utilization rates of vaccines (which in the past often went unused and expired). Such a highly favorable cost/benefit analysis would encourage the Peruvian MOH to adopt and incorporate the immunization bracelet program into its standard healthcare offerings throughout the country. Accordingly, all three materials will be priced at or marginally above the break-even point. As with vaccines, all materials will be provided at no cost to consumers starting with the first year and continuing as long as funding is available.

4) Vaccine Education Program

Instructors: Several studies have shown that low-income mothers develop a sense of trust toward nurses who advise them on good practices for improving the health and wellbeing of young children¹. Therefore nurses will lead the training course and advise mothers how to use this bracelet to help them remember their children's immunization appointments. Initially, Lauren Braun will train select health workers/ nurses on the vaccine education program so that they can sustain and champion the train caregivers. This "train the trainers" session will be integrated into one day of health workers' regular training program. Again, for long term sustainability, it is important to train and empower the local nurses and health care providers so that they can administer this program and make it a sustainable, recurring program.

Training Course: These select, trained health workers will then implement the vaccine education program to caregivers in a group setting while they wait to see nurses in health centers. The training course will cover how vaccines protect against disease, respond to caregivers' concerns about vaccination, and explain how the bracelet can help them remember the dates of their children's immunization appointments. The World Health Organization recommends that five critical types of information be conveyed to mothers during an immunization education session.² These types are: 1) the date and time of the next immunization, 2) where to go for the next immunization, 3) the number of visits the child needs to make to the health center for a child to be fully immunized, 4) the potential side effects that may occur from vaccines, and 5) what the mother can do about side effects. Alma Sana's training program will include a sixth type of information: how to use the bracelet and the information card. To help convey this information, trainers will use a participatory approach and incorporate simple, visual materials such as a flip chart and the information cards. This approach has been shown to be an effective way of educating about vaccines³, "increases motivation [of trainees] and builds in-country capacity."⁴

In the next part of the training session, health workers will ask caregivers about their beliefs about vaccines and address any concerns or misconceptions. Health workers will communicate by patiently asking questions, repeating caregivers' answers back to them for validation, encouraging positive practices, and ensuring they understand the information.⁵ In the last part of the training session, health workers will explain how the bracelet and information cards will help caregivers remember the dates of their children's upcoming immunization

¹ <http://www.nyc.gov/html/doh/html/ms/ms-nfp.shtml>

² <http://www.who.int/vaccines-documents/DoxTrng/ObstaclesE/www9539.pdf>

³ http://www.path.org/publications/files/RH_hpv_lessons_learned_peru.pdf

⁴ http://www.immunisation.ie/en/Downloads/PDFFile_15166_en.pdf

⁵ <http://www.who.int/vaccines-documents/DoxTrng/ObstaclesE/www9539.pdf>

appointments. Health workers will use the flip chart, bracelet, and information card to show how each symbol represents a different vaccine and how the bracelet indicates when to return to the health center. To ensure the caregivers understand all the information from the session, health workers will then engage in role play using different scenarios and asking what caregivers should do.

5) Criteria for Selecting Manufacturers

Bracelet Manufacturer: Alma Sana will use several criteria to determine which company would be best suited to meet its manufacturing needs. Most importantly, the company must be able to customize the bracelet design to include symbols and numbers in a row above. The manufacturer must also be able to create the bracelets using a fabric that is soft, stretchy and/or adjustable, and durable enough to be worn for two to four years. Countless bracelet manufacturing companies exist, particularly in the U.S. and China, for silicone bracelets, but they must be able to customize to the level Alma Sana will need and the silicone must last for the duration. Lauren Braun has had conversations with designers and engineers at organizations like IDEO, a renowned human-centered design company, and Cornell University's Fiber Science and Apparel Department, to explore whether either organization might be able to advise on specific fabrics that would work. Alma Sana is also looking for a company that ships internationally since the bracelets will need to get to Peru.

At this early stage it has been challenging to find a single company that can meet all of these needs, so Alma Sana is also looking into the possibility of having one company that would produce the bracelets and a second company that would apply an antimicrobial finish to them. An antimicrobial finish would create a self-cleaning surface so that the bracelets would be safe for babies to wear. Once this finish has been applied, the second company would ship the bracelets to Peru for local distribution.

Information cards and posters: At the start of the project, the posters and information cards will be produced in the United States to have an initial supply. Within six months Alma Sana anticipates being able to switch to a local Peruvian manufacturer to reduce shipping and printing costs. The vaccine education program does not require printed information, as it will be taught verbally.

Time Frame: We are planning to begin manufacture of the bracelet no later than 90 days after receiving the Gates grant. We are estimating 90 days to allow time for prospective manufacturers to bid on Alma Sana's RFPs and to allow time for the successful bidder to make a customized mold to produce the bracelets.

6) Alma Sana's Service of the Public Interest and Additional Board Members

Alma Sana arose out of Lauren Braun's work at a health care clinic in Cusco, Peru, as part of her Global Health studies in 2009 while a student at Cornell University. Her immunization bracelet has been recognized by numerous organizations and leading health care publications. She has created this organization to serve the public interest. Specifically, Alma Sana's charitable and educational mission is to: (a) provide education to mothers, other caretakers, healthcare providers and the healthcare industry in developing countries about childhood vaccinations; and (b) to provide immunization bracelets and related educational materials to mothers, other caretakers, healthcare providers and the healthcare industry in developing countries.

In light of the Gates Foundation's forthcoming funding, Alma Sana will now be in a position to transform its immunization bracelet from concept to implementation. In doing so, Alma Sana intends to add additional members to its board that meet the needs of Alma Sana and its mission.

The first of these board members is Mr. André Chabaneix, who was born and raised in Peru and whose family lives in Peru. He will be valuable in ensuring that Alma Sana is able to serve its primary target community in Peru because of his nativity to Peru and strong connections to the Peruvian government, including the Ministry of Health. His interest in sustainable development and desire to give back to his country make him a valuable addition to Alma Sana's Board. His qualifications are more fully detailed in the document attached hereto as Exhibit 2.

The second addition to the Board is Ms. Stephanie Eckerle. Ms. Eckerle is a leading attorney in Indianapolis, Indiana, with considerable experience in corporate and healthcare issues. She currently serves as President of the Young Lawyers Division of the Indiana State Bar Association. During the past five years, Ms. Eckerle has served on and/or represented numerous nonprofits and start-up organizations, including those whose mission is to improve the health and welfare of mothers and their babies. For example, Ms. Eckerle is on the board of a start-up nonprofit in Indianapolis, Indiana, Project Home Indy, which is a residential home for homeless teenage mothers and their babies. Due to her work with this nonprofit and others, including the Junior League of Indianapolis, Ms. Eckerle is familiar with the various healthcare and educational issues that face impoverished mothers and their babies as well as the legal hurdles confronting organizations that seek to address these pressing healthcare needs. Furthermore, through her work as an attorney, she has counseled both nonprofit and for-profit corporations on issues involving a wide array of corporate and healthcare matters. Ms. Eckerle's qualifications are more fully detailed in the document attached hereto as Exhibit 3.

Mr. G. Holland

Alma Sana Inc.
EIN: 45-4850687

A third addition to the Board is Dr. Albina Ruiz Ríos, who is an Ashoka Fellow and President and Founder of the Peruvian NGO Ciudad Saludable. Experienced with running her own NGO in Peru for more than ten years, Dr. Ríos will monitor the logistical operation of the project and provide guidance when problems arise. As a public health worker who is native to Peru, Dr. Ríos gives local legitimacy to the project and will champion the project to health workers and caregivers. Her qualifications are more fully detailed in the document attached hereto as Exhibit 4. Finally, Alma Sana's Statement of Commitment for its Board members, including its mission statement, is attached hereto as Exhibit 5, which has been signed by several Board members.

If you have any questions regarding these responses or the enclosures do not hesitate to contact me (317-409-3488) or Chris Braun at (317) 637-0700. Otherwise, thank you again for your prompt attention to and assistance with Alma Sana's application.

Very truly yours,



Lauren R. Braun, President, Alma Sana Inc.

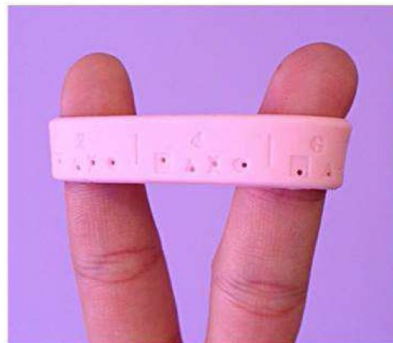


Enclosures

cc: Christopher J. Braun, Esq. (w/encls.)



**Alma Sana Inc.
Board Updates
January 10, 2014**



**Board Members:**

Lauren Braun, President
Patricia Braun, Vice President and Grant Administrator
Christopher Braun, Treasurer
Stephanie Eckerle, Secretary
Michel Andre Chabaneix
Albina Ruiz Rios

Our Vision: Our dream is that all children will live to see their fifth birthday, which marks the end of the most vulnerable period of life. Once children reach their fifth birthday, their risk of dying greatly decreases. Over half of all deaths of children under age 5 could be prevented, largely by vaccines.

Our Mission: The goal of Alma Sana is to increase rates of full and timely immunization through Peruvian mothers' use of a simple reminder bracelet, to be worn by her child from birth to age four.

STAFF MEMBERS**Advisory Board:**

Dr. Daniel Feikin, Centers for Disease Control & Prevention; International Vaccine Access Center at Johns Hopkins School of Public Health
Dr. Brendan Flannery, Centers for Disease Control & Prevention
Dr. Heidi Larson, London School of Hygiene & Tropical Medicine

Principal Investigator: Lauren Braun

Co-investigators:

Subhash Chandir, Director of Vaccines, Interactive Research and Development, Pakistan
Kristin Bratton, Emory Rollins School of Public Health, Atlanta, GA

On-site Project Coordinators:

Alex Bozzette, Ecuador Project Coordinator
Jenny Nepom, Peru Project Coordinator (let go in Oct. 2013)

Summer Interns (Cusco only):

Dani Corona, Cornell University
Amy Scheel, Virginia Tech
Vanessa Rivera, Cornell University
Anca Dogariou, Cornell University
Jenny Poliwka, Johns Hopkins School of Public Health
Joanie Kim, Cornell University

Fall Interns (Cusco only):

Joanie Kim, Cornell University
Nora Springstubb, Columbia Mailman School of Public Health
Annadele Herman, University of North Carolina at Chapel Hill
Rachel Way, Duke University
Eleonore van Wonterghem, London School of Hygiene & Tropical Medicine
Kirstyn Powell, Cornell University



Study Highlights (Updates from February 1, 2013 – January 9, 2014)

- Joanie Kim, one of our summer interns, was so inspired by her work and our mission that she decided to continue interning with us through the fall. She became certified as a doula (birthing assistant) in Peru and a mom named her firstborn, a girl, after Joanie because of her patience and encouragement during her childbirth.



- We had a goodbye party in Cusco (Ecuador's is later this month) to thank the nurses for their support of our project. We gave them personalized gifts and they surprised us by giving lengthy speeches about our impact. (Full quote: "You girls are like no volunteers we've seen before. Whenever volunteers come, we hope that things go well but sometimes they don't. We've seen how deeply you care about the moms and babies, and you've helped us so much every day by weighing and measuring the babies. We are anxiously waiting to learn the results of the study, and we really hope that you'll be back next year to do a bigger study and help more moms-- because it can be so hard to get moms to come back on time for their babies' vaccines. This project goes beyond Peruvians and Americans working together; it is a truly global project that everyone can and should be a part of. Our work, making babies healthy, is beautiful and it is work from the heart, and we see that you feel that same passion. Especially as women, we must support and help each other. Whether or not the bracelets work, we know you've made an impact on the moms you've worked with and us. You will always be in our hearts, always. We are so sad to see you go, and we will miss you very much. We wish you only the best. Please come back and visit us, and don't ever forget us.")



- All of our interns so far have said working with Alma Sana has been an incredible, life-changing experience that they would absolutely do again and would recommend to others, according to their exit interviews. They said they've become more independent and now have a better idea of what they want to do in their careers.

- Alex Bozzette, our Ecuador Project Coordinator, recently baked cookies using an old family recipe with some cute local kids!



Awards & Honors

- Alma Sana is currently a nominee for the 5th annual CLASSY Awards, the largest awards ceremony for social impact in the United States
- Lauren was recently nominated for Forbes Magazine's "30 Under 30 Social Entrepreneurs" 2014 list
- Lauren gave a TED talk on Nov. 17, 2013 at TEDxCornellU titled "Conscientious Innovation", as part of the Second Annual Finger Lakes Social Entrepreneurship Institute. You can watch her talk here:

<https://www.youtube.com/watch?v=aZNZ71eK6aQ> (682 views, 12 likes as of 1/9/2014)

- Since Jan. 1, 2013, seven articles have been written about Alma Sana, including in Fast Company and *Op.ti.mize*, a vaccine-related newsletter by PATH.

Key Study Data

Peru Study: June-November, 2013

Ecuador Study: July 2013-January 2014

Enrollment Summary:

- Total moms enrolled: 166 (Total enrolled/ total screened: 35%. Total refusal rate: 25%)
- Peru:
 - Urban (Cusco), 104 moms enrolled
 - Two clinics: Belenpampa and Santa Rosa
- Ecuador:
 - Rural (Tena), 62 moms enrolled
 - Four clinics: Ahuano, Misahualli, Puerto Napo, Cotundo

Final Follow-up Summary:

Peru:

- Santa Rosa:
 - 26/31 (84%) moms have done final questionnaire
 - 26/31 (84%) GPS points found
- Belenpampa:
 - 64/74 (86%) of moms have done final questionnaire
 - 51/74 (69%) GPS points found

Ecuador: finishes on Jan. 28





Looking Ahead

Next Steps with Research:

- Four months until 18-month grant period ends (April 30, 2014)
- January 31: Staff will have finished data entry and Ecuador pilot wraps up on Jan. 28
- February—April: Data analysis and write-up of study results will begin for publication
- April 15: Phase II grant application will have been submitted. Grant is up to \$1 million to be used over a 2-year period to scale up the study
- June 15: Financial & Scientific Report (study summary) will be submitted to Gates Foundation
- September: Gates will let us know whether we've received the Phase II grant

Next Steps as an Organization:

- Alma Sana has had an incredible first year in operation!
- Too soon to tell where we'll be next year without knowing study results or having additional grant funds to move forward
- If we do apply for and receive more funds, greater and more targeted Board member involvement would be beneficial to help us grow
- Best way to support Alma Sana is to follow our updates on social media and share our work with others
- Anything else you'd like to talk about or have questions about?

